

12-17-87  
12-3-88-4



P.O. Box 935, Coffeyville, KS 67337 (316) 251-6380 1-800-345-6573

December 17, 1987

Mr. Bill Walker  
Ashgrove Cement Co.  
Walnut & Depot St./P.O. Box 609  
Louisville, NE 68037

RE: Ashgrove Cement Co., Manifest No. 8908A

Dear Mr. Bill Walker:

Enclosed, please find your Certificate of Disposal from Aptus, formerly National Electric Inc. which certifies that your waste material received on the manifest referenced has been properly disposed. Also, enclosed is a detail summary of the movement of your material.

Aptus would like to express our appreciation to you and hope we can assist you in solving your waste management needs in the future.

Should you have any questions regarding our services, please contact one of our offices from 8:00 AM to 5:00 PM.

24 Hour Spill Response call 1-800-345-6573 or 1-800-328-4061.

Sincerely,

Sheri Robbins  
PCB Document Administrator

Enclosure

USEPA SF



1261283

APTUS  
CERTIFIED ORIGINAL COPY

SIGNED

DATE

1-26-88

NATIONAL ELECTRIC  
LAKEVILLE, MINN

Equal Opportunity Employer

NATIONAL ELECTRIC  
COFFEYVILLE, KANSAS  
AGC2F000397



21400 Hamburg Ave., P.O. Box 820, Lakeville, MN 55044 (612) 489-3475  
Highway 169 North, P.O. Box 935, Colleyville, KS 67337 (316) 251-6380

No 8728

DATE: December 16, 1987

EPA ID # MND980791321  
KSD980964993

# Certificate of Destruction

THIS IS TO CERTIFY THAT THE HAZARDOUS WASTE MANIFESTED TO  
NATIONAL ELECTRIC, INC. ON DOCUMENT # 8908A WAS  
DESTROYED IN ACCORDANCE WITH 40 CFR 761 AS OF 12/14/87

GENERATOR Ashgrove Cement Company

ADDRESS Walnut & Depot St./P.O. Box 609

Louisville, NE 68037



NATIONAL ELECTRIC, INC.

BY Sheri Robbins

PCB

TITLE Document Administrator

SIGNATURE [Signature]

CERTIFIED ORIGINAL COPY

177US

SIGNED

DATE

AGC2F000398

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law	
3. Generator's Name and Mailing Address		Ashgrove Cement Co. Walnut & Depot St./P.O. Box 609 Louisville, KY 68017		A. State Manifest Document Number		B. State Generator's ID			
4. Generator's Phone (- 402) 234-2415		6. US EPA ID Number		C. State Transporter's ID		D. Transporter's Phone		612-469-3475	
5. Transporter 1 Company Name		National Electric, Inc.		8. US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone	
7. Transporter 2 Company Name				10. US EPA ID Number		G. State Facility's ID		H. Facility's Phone	
9. Designated Facility Name and Site Address		National Electric, Inc. P.O. Box 935 - Hwy. 169 N. Coffeyville, KS 67337		K S D 9 3 0 9 6 4 9 9 3		316-251-6380			
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)				12. Containers		13. Total Quantity		14. Unit Wt/Vol	
a. <b>RG WASTE HAZARDOUS SUBSTANCE, LIQUID, N.O.S., ORM-E (POLYCHLORINATED BIPHENYLS) NA 9188</b>				No. Type		156.7 G		Waste No.	
b. <b>RG WASTE HAZARDOUS SUBSTANCE, SOLID, N.O.S., ORM-E (POLYCHLORINATED BIPHENYLS) NA 9188</b>				D N		P			
c.									
d.									
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above					
a. all <500 ppm b. free of debris									
15. Special Handling Instructions and Additional Information									
See Enclosed Contingency Plan Work Order #9348									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name				Signature				Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name				Signature				Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name				Signature				Month Day Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name				Signature				Month Day Year	